



TOWN OF SMITHTOWN

SUMMER EMPLOYMENT APPLICATION

Name _____
Last First Middle

Address _____
Number and Street

Town Zip Code

Mailing Address (if different than above) _____

Are you a resident of the Town of Smithtown? Yes _____ No _____

Home Telephone No. _____ Cell Phone No. _____

E-mail: _____

Position Applying For: _____ Department: _____

Will you be 16 years old on or before December 31? Yes _____ No _____

Available to work from: _____ to _____
Month/Day Month/Day

Have you previously worked for the Town of Smithtown? Yes _____ No _____
If yes, please explain:

FOR PERSONNEL DEPARTMENT USE ONLY:

APPOINTMENT DATE: _____ SALARY: _____
TERMINATION DATE: _____ TITLE: _____
BUDGET CODE: _____

Circle the highest high school grade level completed: 9 10 11 12

Did you graduate? Yes _____ No _____ Date _____

Name of School: _____

Circle the highest college level completed: 1 2 3 4

Did you graduate: Yes _____ No _____ Date _____ Still Attending _____

Name of School: _____ Major: _____

EMPLOYMENT HISTORY

(Include volunteer services – use additional sheet if necessary)

Company Name & Address: _____

Dates Employed: from _____ to _____ Position: _____

Salary: _____ Reason for Leaving: _____

Describe Duties: _____

May we contact the above employer? Yes _____ No _____

If yes, contact name: _____ Tel # _____

The facts set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal.

Date

Signature of Applicant

Please Print Name: _____

THE TOWN OF SMITHTOWN DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE
OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, AGE, MARITAL STATUS OR SEXUAL
PREFERENCE.

RETURN COMPLETED APPLICATION TO:
PERSONNEL DEPARTMENT
65 MAPLE AVENUE, SMITHTOWN, NY 11787

Phone: 360-7626 ~ Fax 360-7640

www.smithtownny.gov
personnel@tosgov.com

Complete only if applying for:

LIFEGUARD or WATER SAFETY INSTRUCTOR

APPLICANT MUST OBTAIN PROPER CERTIFICATIONS PRIOR TO EMPLOYMENT

(*Must* be 16 years of age at time of assignment)

Please check and describe the following areas that you have supervised or instructed. In your description, please indicate years of experience, honors or awards, and any pertinent information that would help describe your ability.

Red Cross First Aid/Safety Certification _____ Expiration Date: _____

Red Cross CPR/Lifesaving Certification _____ Expiration Date: _____

Red Cross Lifeguard Training Certification _____ Expiration Date: _____

Red Cross Waterfront Module _____ Expiration Date: _____

American Red Cross Water Safety Instructor (WSI):

Yes _____ No _____

Expiration Date: _____

Lifeguarding Experience:

Competitive Swimming:

Coaching of Swimming, Diving, etc.:

Complete only if applying for:

STUDENT INTERN, CLERICAL OR OFFICE POSITIONS

Computer Experience: Windows _____ Excel _____ Word Perfect _____ Other _____

Additional Clerical Skills: _____

SPORTS AND ATHLETICS

If you are interested in a position in any area listed below, please check the box next to the activity and detail your qualifications and experience in the space provided. Please include any Jr. Varsity and Varsity experience.

☐ **BASEBALL** _____

☐ **BASKETBALL** _____

☐ **SOCCER** _____

☐ **SOFTBALL** _____

☐ **TENNIS** _____

☐ **VOLLEYBALL** _____

☐ **LACROSSE** _____

☐ **ARTS AND CRAFTS** _____

☐ **OTHER** _____

☐ **CHILD CARE EXPERIENCE** _____

☐ **FIRE DEPARTMENT CHILD CARE CERTIFICATION:**

Yes _____ No _____

Expiration Date: _____

(12/13)

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